

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2012
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G115 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/21/2012 | |
| NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 249 N SANDY CREEK DRIVE SEYMOUR, IN 47274 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K 000 | <p>INITIAL COMMENTS</p> <p>A Life Safety Code Certification and Environmental Preoccupancy Survey for a temporary replacement home was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/21/12</p> <p>Facility Number: 000652 Provider Number: 15G115 AIM Number: 100239590</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Developmental Services Inc. was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies and 410 IAC 9, Community Residential Facilities for Persons with Developmental Disabilities.</p> <p>The replacement facility was located in room 106 and 108 of a two story hotel. The hotel was fully sprinklered. The hotel has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 5 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the</p> | | | K 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 000 | Continued From page 1 facility Prompt with an E-Score of 0.75. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/23/12. | | | K 000 | | | |